

UNITED STATES DISTRICT COURT

Southern DISTRICT OF NEW YORK

Felix Garcia,

Plaintiff,

v.

**COMPLAINT**

Under the  
Civil Rights Act, 42 U.S.C. § 1983

E. Torres, K. Lamb,

Jury Trial: Yes ☒ No ☐

Defendant.

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Felix Garcia

ID # 04A2384

Pro Se

~~321 State St~~ upstate CF  
~~321 State St~~ PO Box 2001  
~~321 State St~~ Malone, NY 12953

- B. List all defendants' names, positions, place of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No.1

Name E. TORRE

Position Correctional officer

Address Sing Sing CF, 354 Hunter  
street. Ossining Ny. 10562

RECEIVED  
SDNY PRO SE OFFICE  
2022 DEC 23 AM 10:33

Defendant No.2

Name K. LambPosition Correctional officerAddress Sing-Sing CF 354 Hunter  
Street, Ossining Ny 10562**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? Sing Sing CF
- B. Where in the institution did the events giving rise to your claim(s) occur? In my cell.
- C. What date and approximate time did the events giving rise to your claim(s) occur? 12/11/19, Approx 11:15 AM
- D. Facts:

What  
happened

Who did  
what?

Was  
anyone  
else  
involved?

On 12/11/19 at approximately 11:15, I was in my cell laying on my bed when my cell door opened, I got up and closed it thinking nothing of it. It was immediately reopened and two officers entered-Torres & Lamb. Officer Lamb entered first and stood by the toilet and Torres entered second giving me direction to strip naked. When I proceeded to comply and take my shirt off officer Torres shouted stop resisting and struck numerous closed fist punches to my head while Officer Lamb bearhugged me from behind then slamming me on the bed. While I endured this beating for about 5 min, I was then handcuffed and officer Lamb continued to punch me in my stomach area, this lasted for about 10 punches till I was removed from my cell and brought to medical. I was not treated for bruised ribs, a concussion, or the pain. ALL INJURIES that were sustained were to my person. Neither CO Lamb or Torres had any injuries to there body but that on there fist. The injury they say I had are not consistent with how they say I received them. The area was blocked off by COs so I don't believe anyone saw the event but people heard

Who else  
saw what  
happened?

the beating I received. In addition no Contraband was found in my cell, which was the cause of this search for an alleged Ice pick that was sought. While in the SHU I was constantly being harassed & I made further complaints of harassment against C.O. LAMB, also that some Synthetic Marijuana was placed in my cell and that Lamb threatened me at that point. As a result of this beating I also endured 90 day I spent in SHU confinement. I also did not receive proper medical care, for my back.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I believe I had a Concussion, bruised ribs, and cuts and bruises to my body and face and back. In addition I'm mentally damaged, everytime my cell opens I feel like I am going to be attacked. My back is messed up with pain & nerve damage, and I have migraines. As well I suffered 90 days in solitary confinement, for something I didn't do.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Sing Sing C.F.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? ALL

D. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

E. Did you file a grievance at the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

IGRC

1. Which claim(s) in this complaint did you grieve? Exhibit A-C

2. What was the result, if any? I was denied at all levels, grievance, Superintendent, and CORC

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appealed the grievance to the Superintendent, was denied, then I appealed that denial to central office and was denied.

G. If you did not file a grievance, did you inform any official of your claim(s)?

1. If YES, whom did you inform and when did you inform them? \_\_\_\_\_

2. If NO, why not? \_\_\_\_\_

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

See Exhibits - this claim is fully exhausted.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the court to do for you.

*I want five-hundred thousand dollars for my pain and suffering and my property that was damaged as a result of these vindictive behavior. And I want the fake assault on staff expunged from my institutional record.*

**VI. Previous Lawsuits:**

On  
these

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format).

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court I (if federal court, name the district; if state, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed? \_\_\_\_\_

On  
other  
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No \_\_\_

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format).

1. Parties to this previous lawsuit:

Plaintiff Garcia v

Defendants Heath et al

2. Court (if federal court, name district; if state court, name county) Southern district of New York

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case Justice Bruccetti

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (for example): Was the case dismissed? Was there judgment in your favor? Was the case appealed? The Case was dismissed and was appealed to the US Court of Appeals and is pending a result

Signed this 19 day of December, 20 22. I declare under the penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

[Signature]  
04A2384



Upstate CF  
PO Box 2001  
Malone NY 1295


Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under the penalty of perjury that on this 19 day of December, 2022, I will deliver this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED. FOR CASES FILED BEFORE APRIL 10, 2006, THE PRIOR FILING FEE OF \$250 WILL BE DEDUCTED.

  
Signature of Plaintiff

12/19/22  
Date Signed

N.Y.S.I.D. 02208904J

Local Jail/Facility I.D. # 04A2384

Federal Bureau of Prisons I.D. # \_\_\_\_\_

rev. 2/2006



FORM 2131E (9/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## INMATE GRIEVANCE COMPLAINT

Grievance No.

61390-19

Sing Sing CT

(49)

CORRECTIONAL FACILITY

Date: 12/15/19


Name: Felix Garcia

Dept. No.: 04A2384 Housing Unit: HBC-115

Program: \_\_\_\_\_ AM \_\_\_\_\_ PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible) On 12/11/19 at approximately 11:15am, Officers Lamb, Torres, and Sgt Paroline, and Officer Brown, conducted a cell search, upon entry I stated that my cell was clean, officer Lamb placed himself behind me & officer Torres entered in front of me, once they were set, officer Torres stated "why you resisting" and started to throw closed fist punches, all other officer joined in. This incident occurred without provocation on my part. Requesting that no retaliation come my way from this grievance.

Grievant  
Signature: 

Grievance Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Requested ☐ YES ☐ NO Who: \_\_\_\_\_

Action requested by inmate: \_\_\_\_\_

The Grievance has been formally resolved as follows:

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DEC 31 2019

SING SING

This Informal Resolution is accepted:  
(To be completed only if resolved prior to hearing)

Grievant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).

\* An exception to the time limit may be requested under Directive #4040, section 701.6(g).



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

## MEMORANDUM


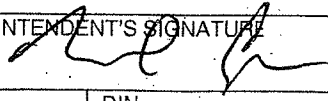
TO: Garcia, F. #04A2384 HBC-115

FROM: Q. Quick, IGP Supervisor

SUBJECT: Grievance Complaint

DATE: 1/6/20

Your complaint dated: 12/15/19 code# 49 filed as grievance# 61390-19  
titled: Assaulted by officers & did not receive proper medical  
has been referred to the Superintendent and is currently pending an investigation. Care.

 <b>Corrections and Community Supervision</b>  <b>INMATE GRIEVANCE PROGRAM</b>  <b>SUPERINTENDENT</b>	GRIEVANCE NO. 61390-19		DATE FILED 12/31/19
	FACILITY Sing Sing		POLICY DESIGNATION Institutional
	TITLE OF GRIEVANCE Staff Conduct		CLASS CODE 49
	SUPERINTENDENT'S SIGNATURE 		DATE 1/3/20
GRIEVANT Garcia, F		DIN 04A2384	HOUSING UNIT HBC

Grievant claims staff harassment.

Grievant interviewed by a supervisor and had nothing further to add to this grievance.

Staff involved provided written report denying the allegations of wrong doing or harassing grievant.

Based on the investigation conducted, no evidence could be found to substantiate grievants allegations.  
Grievance Denied.

#### APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

*The reason for my cell being searched was unsupported, no contraband was found, all documentation and use of force report never state I threw anything in the toilet. I received all injuries and Colamb 8-tors had none.*

  
GRIEVANT'S SIGNATURE

  
GRIEVANCE CLERK'S SIGNATURE

*February 4, 2020*  
DATE

*2/12/20*  
DATE

\*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)  
Form 2133 (02/15)

**RECEIVED**

**FEB 2 2020**

**SING SING  
CORC APPEAL**

**RECEIVED**

**FEB 07 2020**

**SING SING**



**Corrections and  
Community Supervision**


**ANDREW M. CUOMO**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

**MEMORANDUM**

**From:** Shelley Mallozzi, Director, Inmate Grievance Program  
**SUBJ:** Receipt of Appeal

F GARCIA 04A2384 3/10/2020  
Sing Sing Correctional Facility  
Your grievance SS-61390-19 entitled  
Assaulted by Officers \_\_\_\_\_  
was rec'd by CORC on 2/19/2020

 <p><b>Corrections and Community Supervision</b></p> <p>ANDREW M. CUOMO Governor</p> <p>ANTHONY J. ANNUCCI Acting Commissioner</p>	Grievance Number <b>SS-61390-19</b>	Desig./Code <b>I/49</b>	Date Filed <b>12/31/19</b>
	Associated Cases		Hearing Date <b>03/04/21</b>
<p><b>INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE</b></p>	Facility <b>Sing Sing Correctional Facility</b>		
	Title of Grievance <b>Assaulted by Officers</b>		

### **GRIEVANT'S REQUEST UNANIMOUSLY DENIED**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby denied. CORC upholds the determination of the Superintendent for the reasons stated.

CORC asserts that the grievant was involved in an appropriately documented Use of Force (UOF) and Unusual Incident (UI) on 12/11/19 after a suspicion cell search was authorized by Superintendent C... and the grievant resisted leaving his cell and then grabbed CO L... by the shirt and drove him rearward into the cell wall. COs L..., and T... have gone on record denying the grievant's allegations of assault and note that only the force necessary to gain his compliance was used on 12/11/19 when he refused several direct orders and was non-compliant. Sgt. P... was not present during the search of the grievant's cell on 12/11/19 but the incident was reported to him when the grievant received a Tier III misbehavior report for assault on staff, which was affirmed upon appeal to the Office of SHU/Inmate Discipline on 2/4/20. CO B... advises he was not present for the 12/11/19 search. CORC further notes the grievant was seen at medical following the 12/11/29 incident and treated for multiple abrasions.

CORC further asserts the grievant was involved in an appropriately documented UOF and UI on 1/8/20 when a green leafy substance was recovered from his cell during an authorized scheduled area search. CORC notes that Lt. W... denies witnessing any staff harass the grievant during the 1/8/20 search and does not recall having any conversation with the grievant. CORC further notes there is no provision in Directive #4910 to allow him to be present during the search.

With regard to the grievant's appeal, CORC finds insufficient evidence of malfeasance by staff and advises the grievant to address medical concerns via established sick call procedures.

JNA/smm

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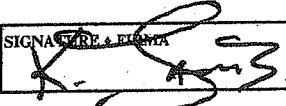
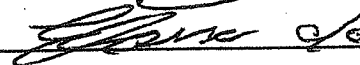
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JRM 2171A (10/14)  
de 1

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## SING SING CORRECTIONAL FACILITY

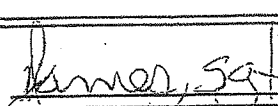
## INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

NAME OF INMATE (Last, First) ♦ NOMERE DEL RECLUSO (Apellido, Nombre)		NO. • NUM	HOUSING LOCATION ♦ CELDA
GARCIA, F		04A2384	HBA K-20
LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE		INCIDENT DATE ♦ FECHA	INCIDENT TIME ♦ HORA
HBA K-20		December 11, 2019	11:15AM Approximately
RULE VIOLATION(S) ♦ VIOLACIONES			
00.11	ASSAULT ON STAFF	104.11	VIOLENT CONDUCT
04.11	VIOLENT CONDUCT	115.10	REFUSE SEARCH OR FRISK
06.10	REFUSING DIRECT ORDER		
DESCRIPTION OF INCIDENT ♦ DESCRIPCION DEL INCIDENTE			
<p>On the above date at 11:15 am while conducting an authorized search of HBA k-20 cell the locking location of inmate Garcia, F 04A2384; this Inmate was ordered to step out of the cell to be pat frisked. This Inmate instead turned to face me after I had placed himself between the Inmate and the cell toilet. This Inmate used both hands to grab me by my uniform shirt and drove me rearward into the cell wall. At the same time the Inmate dropped an unknown object into the cell toilet and flushed it. Force was then used to gain compliance.</p>			
REPORT DATE ♦ FECHA	REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME	SIGNATURE ♦ FIRMA	TITLE ♦ TITULO
12/11/19	K. LAMB		C.O.
ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any)		SIGNATURES :	
ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay)		FIRMAS: 1 	
2 _____		3 _____	

OTE: Fold back Page 2 on dotted line before completing below.

WERE OTHER INMATES INVOLVED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES, GIVE NAME & # _____
¿HUBO OTROS RECLUSOS ENVUELTOS?	SI <input type="checkbox"/> NO <input type="checkbox"/>	DE SER SI DE LOS NOMBRES Y DIN _____
AT THE TIME OF THIS INCIDENT: (A) WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(B) WAS INMATE HOUSED IN SHU CELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
¿ESTUVO EL RECLUSO CONFINADO/RESTRINGIDO PREVIO AL INCIDENTE?	SI <input type="checkbox"/> NO <input type="checkbox"/>	¿ESTUVO EL RECLUSO EN UNA CELDA DEL SHU? SI <input type="checkbox"/> NO <input type="checkbox"/>
AS A RESULT OF THIS INCIDENT, WAS INMATE CONFINED/RESTRICTED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	OR ♦ O SI <input type="checkbox"/> NO <input type="checkbox"/>
¿SE CONFINO/RESTRINGIO AL RECLUSO COMO RESULTADO DE ESTE INCIDENTE?	SI <input type="checkbox"/> NO <input type="checkbox"/>	
WAS INMATE MOVED TO ANOTHER HOUSING UNIT?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
¿MUDARON AL RECLUSO A OTRA UNIDAD DE VIVIENDA?	SI <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES (a) CURRENT HOUSING UNIT	HBC 115	(b) AUTHORIZED BY _____
DER SER SI (a) UNIDAD DE VIVIENDA ACTUAL		(b) AUTHORIZADO POR _____
WAS PHYSICAL FORCE USED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(IF YES) FILE FORM 2104 _____
¿SE USO FUERZA FISICA?	SI <input type="checkbox"/> NO <input type="checkbox"/>	(DER SER SI SOMETA EL FORMULARIO No. 2104) _____

AREA SUPERVISOR ENDORSEMENT ♦ ENDOSO DEL SUPERVISOR DEL AREA



ef. Directives #4004, 4944  
Prior To Completing Form  
ee Reverse For Instructions)

# USE OF FORCE REPORT

There are other  
reports filed under this  
Use of Force Log #

<b>REPORTING STAFF</b>		<b>REPORTING STAFF</b>	
Name: K. James		Title: Sgt.	
Facility: Sing Sing C.F.	Incident Date: December 11, 2019	Facility Use of Force: 1 9 - 1 5 8	
Incident Location: HBA K-20	Incident Time: 11:15AM	If Unusual Incident, CCC Log #: 2 8 2 5 7 7	

REPORT OF INCIDENT				
INMATE(S) INVOLVED				
Name	DIN	Cell/Cube Locations	Role Code *	
GARCIA, F	04A2384	HBA K-20	03	

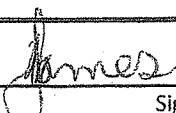
\*01 Bystander  
02 Participant  
03 Perpetrator  
04 Suspect  
05 Victim  
06 Witness

IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)	
1. C.O K. Lamb	5.
2. C.O E. Torres	6.
3.	7.
4.	8.

IDENTIFY ALL STAFF PRESENT DURING THE UOF	
1. K. Lamb C.O.	5.
2. E. Torres C.O.	6.
3.	7.
4.	8.

**DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE** (This should include, but not be limited to, the following information: Reason you were at the location; description of de-escalation attempt(s) made and inmate's response to that

While conducting an authorized search of HBA k-20 cell the locking location of Inmate Garcia, F 04A2384; this inmate was ordered to step out of the cell to be pat frisked. This Inmate instead turned to face Officer Lamb who had placed himself between the Inmate and the cell toilet. This Inmate used both hands to grab Officer Lamb by his uniform shirt and drove him rearward into the cell wall.

K. James		Sgt.	December 11, 2019
REPORTER - Name	Signature	Title	Date

Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved





## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### MEMORANDUM

TO: E. Pagan, Lieutenant

FROM: K. James, Sergeant

SUBJECT: Use of Force # 19-158 / UI # 19-442

DATE: 12/11/19

Sir,

Superintendent M. Capra authorized a special search of designated cells in HBA on K-Gallery. [REDACTED]

At approximately 11:15 am while conducting the search of HBA K-20 cell, the locking location of Inmate Garcia, F 04A2384; this Inmate was ordered to step out of the cell to be pat frisked. This Inmate instead turned to face Officer Lamb who had placed himself between the Inmate and the cell toilet. This Inmate used both hands to grab Officer Lamb by his uniform shirt and drove him rearward into the cell wall.


Officer Torres grasped this Inmate from behind with both arms in a bear hug type hold lifting the inmate off his feet and forced the Inmate onto the steel cell bed face first. This Inmate continued to struggle and attempt to escape the Officers grasp. The Officer and the Inmate slid off the bed onto the cell floor. On the floor the Inmate continued to resist by grabbing staff and kicking. Officer Lamb used body holds to try to force this inmate's arms behind his back as they all struggled on the cell floor. Officer lamb grasped the inmate's right wrist with both hands and forced it to the small of the inmates back forcibly applying a restraint to that wrist. C.O. Torres then grasped the Inmates left wrist with both hands and forced it to the small of his back and forcibly applied the second restraint. At that point all force ceased. I directed uninvolved staff to complete the cell search with no contraband found.

[REDACTED]

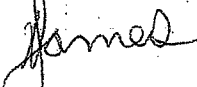
Inmate Garcia was assessed with the following injuries Multiple abrasions (1) left temple 2 in long and 1/2 inch wide (2) right temple 1 1/2 inch by 1/2 inch (3) upper right arm 2 1/2 by 3/4 (4) upper left arm 2 1/2 by 3/4 (5) right cheek 1/2 by



1/2 (6) right upper back 2 1/2 by 1/4 (7) side of left ear 1 1/2 by 1/2 (8) back of neck 1/2 in by 1/4 inch (9) upper abdomen 1/2 in by 1/4 inch. All abrasions were cleaned and treated. After this inmate was treated by medical, Infirmary staff reported to me that they observed him banging his head on the wall in the waiting pen. I responded to the area and spoke with him and shortly after this Inmate was moved to HBC 115 pending a hearing without further incident.



Respectfully submitted,




K. James, Sergeant

Ref. Directives #4004, 4944  
(Prior To Completing Form  
See Reverse For Instructions)

# USE OF FORCE STAFF MEMORANDUM

There are \_\_\_\_\_ other  
reports filed under this  
Use of Force Log #

REPORTING STAFF Name: <b>K. LAMB</b>		REPORTING STAFF Title: <b>Sgt. C.O.</b>							
FACILITY Sing Sing	Incident Date: <b>December 11, 2019</b>	Facility Use of Force: <table border="1"><tr><td>1</td><td>9</td><td>—</td><td>1</td><td>5</td><td>8</td></tr></table>		1	9	—	1	5	8
1	9	—	1	5	8				
Incident Location <b>HBA K20</b>	Incident Time: <b>Approx 11:15AM</b>								
REPORT OF INCIDENT									
INMATE(S) INVOLVED									
Name	DIN	Cell/Cube Locations	Role Code *						
<b>Garcia, F.</b>	<b>04A2384</b>	<b>HBA K-20</b>	<b>03</b>						
*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness									
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)									
1. <b>C.O. K. LAMB</b>	5.								
2. <b>C.O. E. TORRES</b>	6.								
3.	7.								
4.	8.								
IDENTIFY ALL STAFF PRESENT DURING THE UOF									
1. <b>C.O. K. LAMB</b>	5.								
2. <b>C.O. E. TORRES</b>	6.								
3.	7.								
4.	8.								
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at the location; description of de-escalation attempt(s) made and inmate's response to that									
<p>While conducting an authorized search of HBA K-20 cell the locking system of inmate Garcia, F. 04A2384, I ordered the inmate to step out of the cell to be frisked. The inmate instead turned to face me where I placed myself between the inmate and cell toilet. The inmate used both hands to grab me by my uniform shirt and drove me rearward into the cell wall.</p>									
<b>K. LAMB</b>		<b>C.O.</b>	<b>12-11-2019</b>						
REPORTER - Name	Signature	Title	Date						

Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved

Form #2104A (3/16)  
of 2

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are \_\_\_\_\_ other  
reports filed under this  
Use of Force Log #

cf. Directives #4004, #4944

**USE OF FORCE  
STAFF MEMORANDUM**

TYPE OF FORCE USED

**02**

01 Baton

**02** Body Hold

03 Chemical Agents

04 Mechanical Restraints

05 Use of Firearms

06 Shield

07 Strike

99 Other

DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter: individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

I continued to try and use body holds to try and force the inmates arms behind his back as we all struggled on the cell floor. I was able to grasp the inmates right wrist with both hands and force it to the small of the inmates back, forcibly applying a restraint to that wrist.

DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)

[REDACTED]

K. LAMB

REPORTER - Name

K. Lamb

Signature

C.O

Title

12-11-2019

Date


Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved

ef. Directives #4004, 4944  
Prior To Completing Form  
Reverse For Instructions)

# USE OF FORCE STAFF MEMORANDUM

There are \_\_\_\_\_ other  
reports filed under this  
Use of Force Log #

REPORTING STAFF Name: <u>E. TORRES</u>		REPORTING STAFF Title: <u>Corr. CORRECTION OFFICER</u>							
Facility: <u>Sing Sing</u>	Incident Date: <u>12-11-19</u>	Facility Use of Force: <table border="1"><tr><td>1</td><td>9</td><td>-</td><td>1</td><td>5</td><td>8</td></tr></table>		1	9	-	1	5	8
1	9	-	1	5	8				
Incident Location: <u>HBA-K-20</u>	Incident Time: <u>11:15AM</u>								
REPORT OF INCIDENT									
INMATE(S) INVOLVED									
Name	DIN	Cell/Cube Locations	Role Code *						
<u>GARCIA, F</u>	<u>84A2384</u>	<u>HBA-K-20</u>	<u>03</u>						
*01 Bystander 02 Participant 03 Perpetrator 04 Suspect 05 Victim 06 Witness									
IDENTIFY ALL STAFF INVOLVED IN THE USE OF FORCE (UOF)									
<u>C.O. K. LAMB</u>	5.								
<u>C.O. E. TORRES</u>	6.								
	7.								
	8.								
IDENTIFY ALL STAFF PRESENT DURING THE UOF									
<u>C.O. K. LAMB</u>	5.								
<u>C.O. E. TORRES</u>	6.								
	7.								
	8.								
DESCRIBE, IN DETAIL, THE EVENTS LEADING UP TO THE APPLICATION OF FORCE (This should include, but not be limited to, the following information: Reason you were at the location; description of de-escalation attempt(s) made and inmate's response to that									
<p><u>I C.O. E. TORRES WAS CONDUCTING AN AUTHORIZED CELL SEARCH OF HBA-K-20 THE CELL LOCATION OF INMATE: GARCIA, F DIN: 84A2384. I OBSERVED INMATE: GARCIA PUSH OFFICER LAMB TO THE BACK OF THE CELL WALL.</u></p>									
<u>E. TORRES</u>		<u>CORRECTION OFFICER</u>	<u>12-11-19</u>						
REPORTER - Name	Signature	Title	Date						

Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved

Form #2104A (3/16)  
of 2

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

There are \_\_\_\_\_ other  
reports filed under this  
Use of Force Log #

ef. Directives #4004, #4944

**USE OF FORCE  
STAFF MEMORANDUM**

TYPE OF FORCE USED

**02**

01 Baton

03 Chemical Agents

05 Use of Firearms

07 Strike

02 Body Hold

04 Mechanical Restraints

06 Shield

99 Other

DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED (This should include, but not be limited to, the following information if known by the reporter: individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

I GRASPED INMATE: GARCIA FROM BEHIND WITH BOTH HANDS IN A BEAR HUG TYPE HOLD LIFTING THE INMATE OFF HIS FEET AND FORCED THE INMATE ONTO THE STEEL CELL BED FACE FIRST. I SLID OFF OF THE BED ONTO THE CELL FLOOR. INMATE CONTINUED TO GRAB ME AND KICK AS WELL WHILE WE STRUGGLED. I THEN GRASPED THE INMATES LEFT WRIST WITH BOTH HANDS AND FORCED IT TO THE SMALL OF HIS BACK THEN FORCIBLY APPLIED THE SECOND RESTRAINT. ALL FORCED CEASED AT THAT POINT.

DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF (This should include, but not be limited to, the following information: Description of any injuries you sustained.)

[REDACTED]

E. TORRES  
REPORTER - Name[Signature]  
SignatureC. J.  
Title12-11-19  
Date



ORM 1595 (11/11)

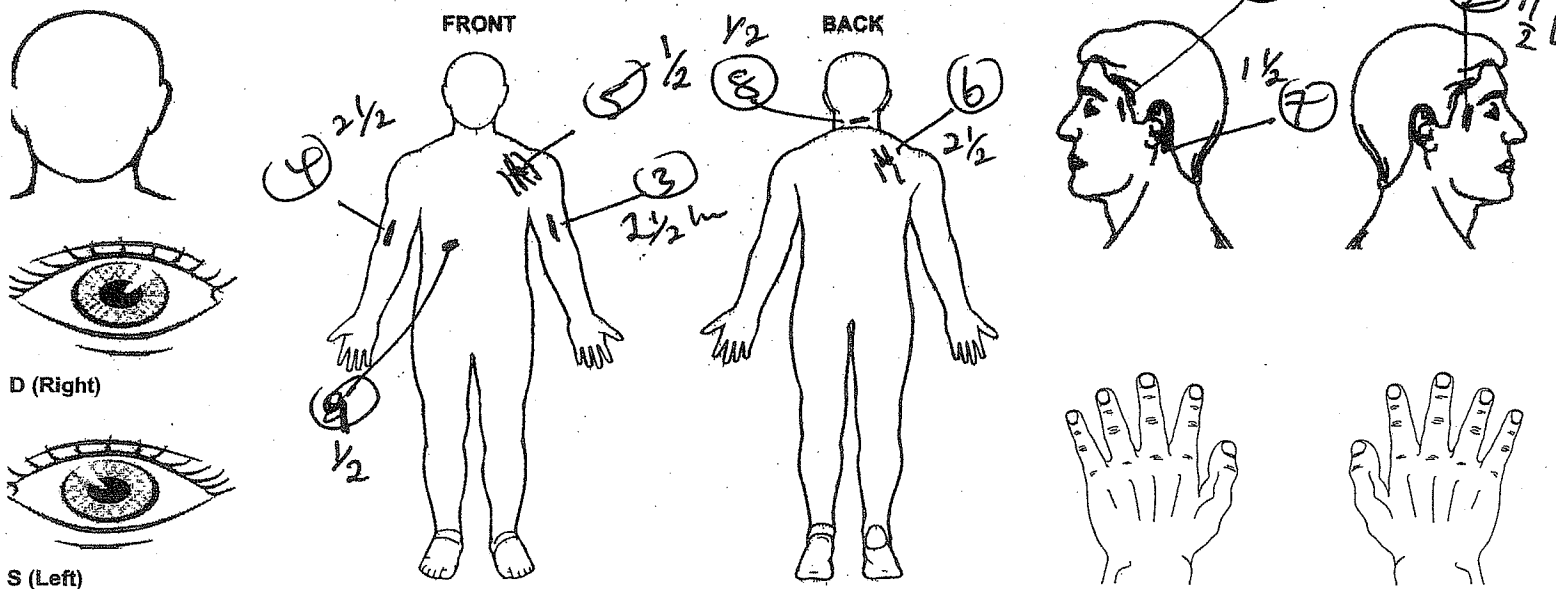
STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## INMATE INJURY REPORT

Facility <b>SECL</b>	Date of Injury <b>12-11-19</b>	Time of Injury <b>11-15</b>	Location Injury Occurred <b>K-20</b>
Inmate Name <b>GRANCA F</b>	DIN <b>06A 2384</b>	Housing Location <b>K-20</b>	
What was cause of Inmate's injury? <b>U.O.F</b>			
Inmate's Statement: <b>Refused Medical</b>			
Witnesses		Inmate's Signature <b>refused</b>	
Reporting Employee <b>K James</b>		Title <b>Sgt</b>	

## FACILITY HEALTH SERVICES REPORT

Date injury reported: **12/11/19** Time: **11:20** AM/PM Description of injury: **PT has multiple Superficial abrasions**  
 ① left Temp 2 1/2 inch long x 1/2 inch wide ② Right tempo 1 1/2 inch long x 1/2 inch wide  
 ③ upper right arm 2 1/2 inch x 3/4 inch wide ④ upper left arm 2 1/2 inch long x 3/4 inch wide  
 ⑤ Right chest 1/2 inch x 1/2 inch ⑥ Right upper back 2 1/2 x 1/4 inch ⑦ Back of left ear  
 1 1/2 x 1/2 ⑧ Back neck 1/2 inch x 1/4 inch ⑨ Abdomen 1/2 x 1/4 inch



Date of medical examination:	<b>12-11-19</b>	Time:	<b>11:20</b>
Services Provided: <b>PT injuries clear with Superficial water and Bacitracin ointment applied. Vitals BP 120/70 SpO2 97% P 86 R 16</b>			
Was inmate admitted to facility infirmary?	Outside hospital?	If yes, where?	PCP on site evaluation?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telemed evaluation?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name and title of person furnishing treatment at facility:			
Signature <b>[Signature]</b>		Print <b>Alhannul A</b>	
Title <b>R.N. II</b>			

## USE OF FORCE REPORT (CONT'D)

There are \_\_\_\_\_ other  
reports filed under this  
Use of Force Log #

FACILITY <b>SS4</b>	Date & Time of Incident <b>12-11-19</b>	Facility Use of Force Log # <b>19-158</b>
INMATE NAME <b>Garcia F</b>	DIN <b>0642384</b>	If Unusual Incident, CCC Log # <b>282572</b>

EXAMINER'S NAME AND TITLE <b>Akamel A</b>	Date & Time of Examination <b>12-11-19 6</b>
--	---

**MEDICAL REPORT (INDICATE DATE & TIME OF EXAMINATION, DESCRIBE EXTENT OF ANY INJURIES, AND DESCRIBE TREATMENT PROVIDED)**

He has multiple superficial abrasions, Left temple 2 inch long x 1/2 inch wide, Right temple 1/2 inch long x 1/2 inch wide, upper right arm 2 1/2 in long x 3/4 inch wide, upper left arm 2 1/2 inch wide x 3/4 inch wide, Right Chest 1/2 inch long x 1/2 inch wide, Right upper back 2 1/2 inch long x 1/4 inch wide, Side of left ear 1 1/2 inch long x 1/2 inch wide, Back of neck 1/2 inch wide x 1/4 inch long, Abdomen 1/2 inch long x 1/4 inch wide. He lingers clean with Soap & water and Band-Aids applied.

**EXAMINER'S SIGNATURE AND DATE**  
*Akamel A* 12-11-19

**SUPERINTENDENT'S SIGNATURE AND DATE**

Ref. Directive #4944, 4004

## USE OF FORCE REPORT - PART B - ADDENDUM

FACILITY SSC	Date & Time of Incident 12-11-19 6:11 PM	Facility Use of Force Log # 19-158
INMATE NAME Garcia F	DIN 0442384	Cell Location K-20

EXAMINER'S NAME AND TITLE Akarumel A	Date & Time of Examination 12-11-19
---	--

FRONT

BACK

OD (Right)

OS (Left)

It has multiple Superficial abrasions. Left temple 2 inch long & 1/2 inch wide, Right temple 1 1/2 inch long & 1/2 inch wide, upper right arm 2 1/2 inch long & 3/4 inch wide, upper left arm 2 1/2 inch long & 3/4 inch wide. Right chest 1/2 inch long & 1/2 inch wide, Right upper back 2 1/2 inch long & 1/4 inch wide, Side of left ear 1 1/2 inch long & 1/2 inch wide, Back of neck 1/2 inch wide & 1/2 inch long, Abdomen 1/2 inch long & 1/4 inch wide. All injuries clean with Soap & water and Bacitracin ointment applied.

EXAMINER'S SIGNATURE AND DATE

12-11-19



**REPORT OF STRIP FRISK  
ON ADMISSION TO SHU OR MHU CELL/ROOM**DATE: 12-11-19  
TIME: 1:30 PM  
HBC  
FRISK LOCATION: Strip Frisk AreaINMATE NAME: Garcia, FelixDIN: 04A2384FRISK LOCATION: Strip Frisk Area

TO BE COMPLETED BY THE PERSON(S) CONDUCTING THE FRISK/SEARCH.

NAME/RANK OF PERSON(S) CONDUCTING FRISK:

1) D. Beale 2) \_\_\_\_\_

— If Other Staff are Present, List Name/Rank, and Explain Why Their Presence was Necessary and Who Authorized Their Presence:

RESULTS OF SEARCH:

NO CONTRABANDS FOUNDWAS FORCE REQUIRED TO COMPLETE THE SEARCH? ☐ YES ☒ NOSIGNATURE: D. Beale

Orig. IRC

cc: Captain

cc: DSS

SING SING GENERAL FAC CODE 070 FAC LOG# 190442 CCC# 282577  
UF LOG# 190158 CB LOG# 190264

INCIDENT DATE 12/11/19 TIME 11:15 AM LOCATION CELL 0A KS 20S

TELEPHONE DATE 12/11/19 TIME 05:40 PM

PERSON CALLING LT E. PAGAN  
PERSON RECEIVING CAPT T [REDACTED] DELMAR

REPORT DATE 12/13/19 PERSON REPORTING LT J. GILMAN

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

\*\*\*\*\*

ASSAULT (02) 03 CONTRABAND (03) 19  
ON STAFF - SECURITY/LE WEAPON - ICE PICK

\*\*\*\*\*

DESCRIPTION:

SUPERINTENDENT CAPRA AUTHORIZED A SUSPICION CELL SEARCH OF [REDACTED]  
[REDACTED] OFFICER LAMB AND OFFICER TORRES WERE ASSIGNED TO  
CONDUCT A CELL SEARCH OF 0A-KS-20S WHICH IS ASSIGNED TO INMATE GARCIA, F.  
#04A2384. WHEN OFFICER LAMB ORDERED INMATE GARCIA TO STEP OUT OF THE CELL  
TO BE PAT FRISKED, INMATE GARCIA TURNED TOWARDS OFFICER LAMB WHO POSITIONED  
HIMSELF BETWEEN INMATE GARCIA AND THE TOILET. INMATE GARCIA THEN USED BOTH  
OF HIS HANDS AND GRABBED OFFICER LAMB BY HIS SHIRT AND DROVE HIM REARWARD  
INTO THE CELL WALL.

\*\*\*\*\*

[REDACTED]  
[REDACTED]

\*\*\*\*\*

SING SING GENERAL FAC CODE 070 FAC LOG# 190442 CCC# 282577

UF LOG# 190158 CB LOG# 190264

INCIDENT DATE 12/11/19 TIME 11:15 AM LOCATION CELL 0A KS 20S

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

\*\*\*\*\*

ACTION TAKEN:

OFFICER TORRES USED BOTH HIS ARMS AND GRABBED INMATE GARCIA FROM BEHIND IN A BEAR HUG TYPE BODY HOLD AND LIFTED INMATE GARCIA OFF HIS FEET AND FORCED INMATE GARCIA, FACE FIRST ONTO THE STEEL CELL BED. INMATE GARCIA CONTINUED TO RESIST BY GRABBING AND KICKING AT STAFF. OFFICER LAMB USING BOTH OF HIS HANDS, GRABBED INMATE GARCIA'S RIGHT WRIST, FORCED IT TO THE SMALL OF INMATE GARCIA'S BACK AND FORCIBLY APPLIED A MECHANICAL WRIST RESTRAINT TO THAT WRIST. OFFICER TORRES, USING BOTH OF HIS HANDS, GRABBED INMATE GARCIA'S LEFT WRIST, FORCED IT TO THE SMALL OF INMATE GARCIA'S BACK AND FORCIBLY APPLIED THE REMAINING MECHANICAL WRIST RESTRAINT TO THAT WRIST. INMATE GARCIA BECAME COMPLIANT AND ALL FORCED CEASED AT THIS TIME. INMATE GARCIA WAS THEN ESCORTED TO THE FACILITY HOSPITAL AND WAS MEDICALLY EXAMINED BY RN AKARUMEH WITH THE FOLLOWING MULTIPLE ABRASIONS NOTED: LEFT TEMPLE - 2" X 1/2", RIGHT TEMPLE - 1 1/2" X 1/2", UPPER RIGHT ARM - 2 1/2" X 3/4", UPPER LEFT ARM - 2 1/2" X 3/4", RIGHT CHEEK - 1/2" X 1/2", RIGHT UPPER BACK - 2 1/2" X 1/4", LEFT EAR - 1 1/2" X 1/2", BACK OF NECK - 1/2" X 1/4", UPPER ABDOMEN - 1/2" X 1/4". INMATE GARCIA WAS ESCORTED TO SHU WHERE SERGEANT BERMEJO CONDUCTED SHU FORM #3152 WITH NO TRIGGERS NOTED. INMATE GARCIA WAS THEN ADMITTED TO CELL HBC-119 PENDING DISCIPLINARY HEARING.

07/5 DSS DAYE NOTIFIED.

\*\*\*\*\*

PAGE 3

STATE OF NEW YORK  
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION  
UNUSUAL INCIDENT REPORTPRINTED AT  
12/16/19 11:37 AM

SING SING GENERAL

FAC CODE 070

FAC LOG# 190442

CCC# 282577

UF LOG# 190158 CB LOG# 190264

INCIDENT DATE 12/11/19 TIME 11:15 AM LOCATION CELL 0A KS 20S

USE OF FORCE YES

WEAPON USED YES

WORKPLACE VIOLENCE YES

\*\*\*\*\*

MEDICAL REPORT:D. SNEDIKER/NURSE

EXAMINER NAME/TITLE

12/11/19 11:20 AM

EXAM DATE/TIME

\*\*\*\*\*

PROPERTY DAMAGE:

\*\*\*\*\*

NOTIFICATION (FAMILY):NOTIFICATION (POLICE/OTHER):

SING SING GENERAL FAC CODE 070 FAC LOG# 190442 CCC# 282577

UF LOG# 190158 CB LOG# 190264

INCIDENT DATE 12/11/19 TIME 11:15 AM LOCATION CELL 0A KS 20S

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

\*\*\*\*\*

\*\*\*\*\*

INMATE INFORMATION:

\*\*\*\*\*

GARCIA, FELIX 04A2384 DOB 10/16/1984 ETHNIC- HISPANIC

<u>GEN INCIDENT</u>	<u>- SPECIFIC INCIDENT</u>	<u>ROLE</u>	<u>WEAPON</u>	<u>FORCE</u>	<u>INJURY</u>
ASSAULT	- ON STAFF-SEC/LE	PERP	BODY USE	BODY HOLD	ABRASION

\*\*\*\*\*

[REDACTED]

\*\*\*\*\*

EMPLOYEE INFORMATION:

\*\*\*\*\*

AKARUMEH, AVWURHI NURSE

<u>GEN INCIDENT</u>	<u>- SPECIFIC INCIDENT</u>	<u>FORCE</u>	<u>INJURY</u>	<u>DEGREE</u>
ASSAULT	- ON STAFF-SEC/LE			

\*\*\*\*\*

BERMEJO, [REDACTED] SGT

<u>GEN INCIDENT</u>	<u>- SPECIFIC INCIDENT</u>	<u>FORCE</u>	<u>INJURY</u>	<u>DEGREE</u>
ASSAULT	- ON STAFF-SEC/LE			
CONTRABAND	- WEAPON-ICE PICK			

\*\*\*\*\*

CAPRA, M [REDACTED] SUPER

<u>GEN INCIDENT</u>	<u>- SPECIFIC INCIDENT</u>	<u>FORCE</u>	<u>INJURY</u>	<u>DEGREE</u>
ASSAULT	- ON STAFF-SEC/LE			
CONTRABAND	- WEAPON-ICE PICK			

\*\*\*\*\*

STATE OF NEW YORK  
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION  
UNUSUAL INCIDENT REPORTPRINTED AT  
12/16/19 11:37 AM

SING SING GENERAL FAC CODE 070 FAC LOG# 190442 CCC# 282577

AUF LOG# 190158 CB LOG# 190264

INCIDENT DATE 12/11/19 TIME 11:15 AM LOCATION CELL 0A KS 20S

USE OF FORCE YES WEAPON USED YES WORKPLACE VIOLENCE YES

\*\*\*\*\*  
EMPLOYEE INFORMATION:\*\*\*\*\*  

	<u>FORCE</u>	<u>INJURY</u>	<u>DEGREE</u>
--	--------------	---------------	---------------

\*\*\*\*\*\*\*\*\*\*  

	<u>FORCE</u>	<u>INJURY</u>	<u>DEGREE</u>
--	--------------	---------------	---------------

\*\*\*\*\*

TORRES, E CO

GEN INCIDENT - SPECIFIC INCIDENT  
ASSAULT - ON STAFF-SEC/LEFORCE  
BODY HOLD

LAMB, K CO

GEN INCIDENT - SPECIFIC INCIDENT  
ASSAULT - ON STAFF-SEC/LEFORCE  
BODY HOLD\*\*\*\*\*  
CONTRABAND INFORMATION:CB LOG# 190264  
\*\*\*\*\*SPT MICHAEL CAPRA  
SUPERINTENDENT12/16/19  
DATE

INMATE	DIN/NYSID	ETHNIC	ROLE	
GARCIA, FELIX	04A2384	HSP	PERP	

STAFF INVOLVED	TITLE	FORCE1	FORCE2	FORCE3	DEGREE
TORRES, E	CO	BODY HOLD			
LAMB, K	CO	BODY HOLD			

DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE:  
WHILE CONDUCTING AN AUTHORIZED SEARCH OF HBA K-20 CELL THE LOCKING LOCATION OF INMATE GARCIA, F. 04A2384, THIS INMATE WAS ORDERED TO STEP OUT OF THE CELL TO BE PAT FRISKED. THIS INMATE INSTEAD TURNED TO FACE OFFICER LAMB WHO HAD PLACED HIMSELF BETWEEN THE INMATE AND THE CELL TOILET. THIS INMATE USED BOTH HANDS TO GRAB OFFICER LAMB BY HIS UNIFORM SHIRT AND DROVE HIM REARWARD INTO THE CELL WALL.

DESCRIBE ACTUAL FORCE USED:  
OFFICER TORRES GRASPED THIS INMATE FROM BEHIND WITH BOTH ARMS IN A BEAR HUG TYPE HOLD LIFTING THE INMATE OFF HIS FEET AND FORCED THE INMATE ONTO THE STEEL CELL BED FACE FIRST. THIS INMATE CONTINUED TO STRUGGLE AND ATTEMPT TO ESCAPE THE OFFICERS GRASP. THE OFFICER AND THE INMATE SLID OFF OF THE BED ONTO THE CELL FLOOR. ON THE FLOOR THE INMATE CONTINUED TO RESIST BY GRABBING STAFF AND KICKING. OFFICER LAMB USED BODY HOLDS TO TRY TO FORCE THIS INMATES HANDS BEHIND HIS BACK AS THEY ALL STRUGGLED ON THE CELL FLOOR. OFFICER LAMB GRASPED THE RIGHT WRIST WITH BOTH HANDS AND FORCED IT TO THE SMALL OF HIS BACK FORCIBLY APPLYING A RESTRAINT TO THAT WRIST. CO. TORRES THEN GRASPED THE INMATES LEFT WRIST WITH BOTH HANDS AND FORCED IT TO THE SMALL OF THE BACK, AND FORCIBLY APPLIED THE SECOND RESTRAINT. AT THAT POINT ALL FORCE CEASED.



UN571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
12/16/19 USE OF FORCE REPORT

11:37:18

SING SING GENERAL

UF LOG NO. 190158.00

INCIDENT DATE 12/11/19 TIME 11:15AM

UI CCC NO. 282577

GEN LOC. 03 CELL

SPEC LOC. 0A-KS-20S

CB LOG NO. 190264

INMATE

DIN/NYSID ETHNIC ROLE

GARCIA, FELIX

04A2384

HSP

PERP

EXAMINERS NAME

TITLE

EXAM DATE

TIME

A. AKARUMEH

NURSE

12/11/19

11:20AM

## PART B - PHYSICAL EXAMINATION/TREATMENT REPORT:

PT HAS MULTIPLE SUPERFICIAL ABRASIONS LEFT TEMO 2 INCH LONG X 1/2 INCH WIDE, RIGHT TEMPO 1/2 INCH LONG X 1/2 INCH WIDE, UPPER RIGHT ARM 2 1/2 INCH LONG X 3/4 INCH WIDE, UPPER LEFT ARM 2 1/2 INCH LONG AND 3/4 INCH WIDE. RIGHT CHEST 1/2 INCH LONG X 1/2 WIDE, RIGHT UPPER BACK 2 1/2 INCH LONG X 1/4 INCH WIDE, SIDE OF LEFT EAR 1 1/2 INCH LONG X 1/2 INCH WIDE. BACK OF NECK 1/2 INCH WIDE X 1/4 INCH LONG. PT INJURIES CLEAN WITH SOAP AND WATER. BACITRACIN OINTMENT APPLIED.

## REVIEW AND EVALUATION BY SUPERINTENDENT:

THE FORCE USED IN THIS INCIDENT WAS NECESSARY TO FORCE COMPLIANCE WITH LAWFUL DIRECTION AND TO PREVENT FURTHER ASSAULT ON STAFF.

SPT MICHAEL CAPRA  
SUPERINTENDENT

12/16/19  
DATE

PAGE 2



## USE OF FORCE REPORT

cf. Directives #4004, #4944

There are other  
reports filed under this  
Use of Force Log #.

## TYPE OF FORCE USED

02/04

01 Baton

03 Chemical Agents

05 Use of Firearms

07 Strike

02 Body Hold

04 Mechanical Restraints

06 Shield

99 Other

**DESCRIBE, IN DETAIL, THE ACTUAL FORCE USED** (This should include, but not be limited to, the following information if known by the reporter: individuals involved in event; reason force was necessary under the circumstances; description of any weapon or equipment used; description of any hold or strike used; if chemical agent(s) was used, name of authorizing individual.)

Officer Torres grasped this Inmate from behind with both arms in a bear hug type hold lifting the inmate off his feet and forced the inmate onto the steel cell bed face first. This inmate continued to struggle and attempt to escape the Officers grasp. The Officer and the inmate slid off of the bed onto the cell floor. On the floor the inmate continued to resist by grabbing staff and kicking. Officer Lamb used body holds to try to force this inmates arms behind his back as they all struggled on the cell floor. Officer lamb grasped the inmates right wrist with both hands and forced it to the small of the inmates back forcibly applying a restraint to that wrist. C.O. Torres then grasped the inmates left wrist with both hands and forced it to the small of his back and forcibly applied the second restraint. At that point all force ceased.

**DESCRIBE, IN DETAIL, ACTION(S) TAKEN FOLLOWING THE UOF** (This should include, but not be limited to, the following information: Description of any injuries you sustained.)

K. James

REPORTER - Name

Signature

Sgt.

Title

December 11, 2019

Date

Dist: Original - Superintendent

Copy - Guidance unit file(s) of inmate(s) involved



Form 3152 SHU/KL (6/16) NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**SUICIDE PREVENTION SCREENING GUIDELINES - SHU/KEEPLOCK (KL) ADMISSION**

This form will be completed immediately upon admission or readmission to SHU or a separate KL unit. The form will be filled out by the SHU/KL Security Supervisor. The #3152 SHU/KL form will function as the mental health referral.

NAME: <b>GARCIA, Ed</b>	DIN: <b>04A2381</b>	DATE: <b>12-11-19</b>	TIME: <b>1:30 PM</b>
Name of Facility: <b>3109 Sing</b>	Name of Screening Person: <b>Ed Garcia</b>	Length of SHU/KL Sentence: <b>30 days</b>	
Reason inmate is admitted to SHU/KL unit: <b>AOS</b>			

Check appropriate YES or NO Response for Each Question

**Observations of Escorting Officer**

YES NO

NOTE COMMENTS/OBSERVATIONS/RESPONSES

Escorting Officer observed bizarre behavior or behavior that may be a sign of suicide risk.		<input checked="" type="checkbox"/>	
---	--	-------------------------------------	--

**SHU/KEEPLOCK Screening Questions**

1. Do you have concerns about being able to adjust to SHU/KL? If YES, what are your concerns?		<input checked="" type="checkbox"/>	
2. Have you tried to commit suicide within the last year?		<input checked="" type="checkbox"/>	
2A. At any time in your life have you tried to commit suicide?		<input checked="" type="checkbox"/>	
3. Have you had thoughts, either now or recently, about wanting to hurt yourself?		<input checked="" type="checkbox"/>	
4. Do you feel you have nothing in your life to live for?		<input checked="" type="checkbox"/>	

**Behaviors/Appearance**

5. Inmate shows signs of depression (e.g., crying, withdrawn).		<input checked="" type="checkbox"/>	
6. Inmate appears anxious, scared or suspicious.		<input checked="" type="checkbox"/>	
7. Inmate appears excessively irritable, angry or hyperactive.		<input checked="" type="checkbox"/>	
8. Inmate appears to have poor hygiene.		<input checked="" type="checkbox"/>	
9. Inmate appears confused, not following direction or responding appropriately. (If YES, please refer the inmate to DOCCS Medical immediately. Inmate must be seen by Medical prior to Mental Health.)		<input checked="" type="checkbox"/>	
10. Inmate appears to be under the influence of alcohol or drugs. (If YES, please refer the inmate to DOCCS Medical immediately. Inmate must be seen by Medical prior to Mental Health.)		<input checked="" type="checkbox"/>	

**Actions:**

- If any box marked with "\*" is checked, make an immediate referral to Mental Health and notify the Watch Commander. If the inmate refuses to answer any of the screening questions where "\*" is marked note that fact in the comments section and make an immediate referral to OMH.
- If any of the other YES boxes are checked, make a regular referral to Mental Health.

Type of Mental Health Referral needed:

☒ None☐ Regular☐ Immediate

How was notification made?

☐ Phone☐ In-writing☐ In-person

Name and title of clinician contacted is required:

Name \_\_\_\_\_ Title \_\_\_\_\_

• If for any other reason you feel there is a significant problem with the inmate, notify Mental Health and call the Watch Commander. The source of a mental health referral and information provided on the referral may be protected from disclosure under Mental Health Law, Section 33.13 and 33.16 of the Mental Hygiene Law, if such disclosure could be detrimental to the referral source, to the patient, or other persons.

Distribution: White — OMH \*If no OMH referral was required or the facility does NOT have OMH staff, white copy to Guidance file  
Canary — SHU/KL Supervisor (for the SHU/KL file) Pink—Watch Commander Goldenrod—Medical/Mental Health Section



NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CELL FRISK/CONTRABAND RECEIPT

Sink Sink CORRECTIONAL FACILITY

Original - Inmate  
Copy - DSS

Date: 12-11-19 Frisk Start Time: 11:18 PM Frisk End Time: 12:01 AM

Inmate Name: CARLIE, F DIN: 04 42384 CELL/CUBE/ROOM: HBA-K-20

Officer Conducting Search: B JOSEPH 33573 B Joseph  
Print Name Legibly Badge # Signature

ITEMS CONFISCATED OR DAMAGED	WHERE FOUND	DISPOSITION OF ITEMS LISTED
① illegal cooking pot	under bed	Bld-8 basement
① Heating element	under Bed	IC

☐ NO CONTRABAND FOUND

☒ NO PROPERTY DAMAGED DURING SEARCH

**NOTICE TO INMATE:** YOU MAY WRITE TO THE DEPUTY SUPERINTENDENT FOR SECURITY WITHIN 7 DAYS OF THIS RECEIPT REGARDING THE CONFISCATION OR DISPOSITION OF THESE ITEMS.

**NOTE:** DURING THIS CELL FRISK, MY INITIALS BELOW INDICATE THAT THE CELL INTEGRITY CHECK HAS BEEN COMPLETED AS FOLLOWS:

FLOORS: BT

SINK/TOILET: BT

AIR VENT: N/A

WINDOW CHECKED/INTACT: N/A

CEILING: BT

WALLS: BT

BARS: BT

MISC: \_\_\_\_\_

**IN ADDITION:** THE FOLLOWING ITEMS WERE CHECKED FOR COMPLIANCE:

PROPERTY LIMITS (No more than 4 bags of property): BT

PHOTOGRAPH/PICTURE COMPLIANCE (No nudes visible from the front of cell. All photos/pictures confined in the appropriate 2' x 4' section.) BT

INMATE ID MATCHES CURRENT APPEARANCE (Checked ID to inmate's current appearance, if the inmate was present for the search.) inmate was not present during search

Comments: \_\_\_\_\_

FORM 2082 (REV. 05/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
REQUEST FOR URINALYSISFACILITY SING SING TEST # \_\_\_\_\_INMATE NAME GARCIA, F NUMBER 04A2384 CELL HBA K-20REQUEST MADE BY K. James, Sgt. DATE December 11, 2019AGENT(S) SUSPECTED (IF ANY) FULL SCANCIRCUMSTANCES LEADING TO REQUEST INMATE WAS INVOLVED IN VIOLENT CONDUCT IN HBATEST APPROVED BY:  DATE 12/11/19

INMATE TOLD THE UNDERLYING REASON WHY HE IS BEING ORDERED TO SUBMIT A URINE SPECIMEN

CIRCLE ONE: SUSPICION, ROUTINE, RANDOM

BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

HAS INMATE TAKEN MEDICATION RECENTLY? (YES OR NO) SPECIFY \_\_\_\_\_

INMATE ORDERED TO SUBMIT SPECIMEN: DATE \_\_\_\_\_ TIME \_\_\_\_\_

SPECIMEN WITNESSED AND OBTAINED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

DOES INMATE WILLFULLY REFUSE TO SUBMIT SPECIMEN? (YES OR NO)

DOES INMATE CLAIM TO BE UNABLE TO SUBMIT SPECIMEN IN THE PRESENCE OF OTHER?

(YES OR NO)\* DATE \_\_\_\_\_ TIME \_\_\_\_\_

\*(In the event an inmate makes this claim, the procedures in Directive #4937, section IV-E shall be followed).

IF INMATE CLAIMS TO BE UNABLE TO SUBMIT SPECIMEN, HAS INMATE BEEN GIVEN AT LEAST THREE HOUR TO SUBMIT SPECIMEN? (YES OR NO)

SPECIMEN TESTED BY (1ST TEST) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RESULTS \_\_\_\_\_

SPECIMEN TESTED BY (2ND TEST) \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RESULTS \_\_\_\_\_

CHAIN OF CUSTODY (STARTING WITH STAFF OBTAINING SPECIMEN, ATTACH ADDITIONAL PAGES IF NECESSARY)

FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____

This form is to be filled out COMPLETELY. It is to accompany the specimen until the specimen is tested.If the specimen is positive, a MISBEHAVIOR REPORT shall be written.



*Felix Garcia, 04A2384*

**UPSTATE CORRECTIONAL FACILITY**

P.O. BOX 2000, 309 BAREHILL ROAD  
MALONE, NEW YORK 12953

UPSTATE  
CORRECTIONAL  
FACILITY

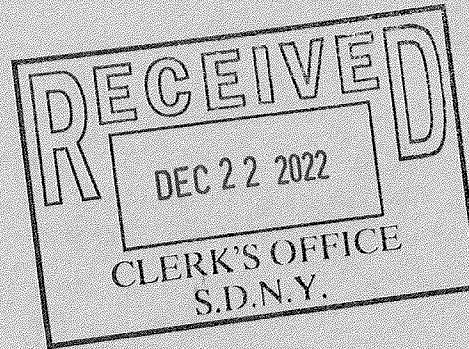
Upstate



Correctional Facility

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12/19/2022

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